

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE:	* CASE NO.: 22-57892-pmb
Johnnie Erwin Clemons,	*
AKA Johnnie E Clemons; AKA Johnnie	*
Clemons,	*
	* CHAPTER: 13
	*
	*
Debtor	*

NOTICE OF FILING

Pursuant to Rule 1009 F. R. Bankr. P., notice is hereby given that, the Debtor filed an amended pleading in the above-styled case, amending the following; Amendment to Chapter 13 Schedules F, Summary of Schedules and Statistical Summary to add creditor American First Finance, Covington Credit and LabCorp.

/s/
Jessica Douglas GA Bar No. 340570
Attorneys for Debtor

Clark & Washington, LLC
3300 Northeast Expressway
Building 3
Atlanta, GA 30341
(404)522-2222
Fax (770)220-0685

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE:	* CASE NO.: 22-57892-pmb
Johnnie Erwin Clemons,	*
AKA Johnnie E Clemons; AKA Johnie	*
Clemons,	*
	* CHAPTER: 13
	*
	*
Debtor	*

CERTIFICATE OF SERVICE

I certify that I served the Debtor with a true and correct copy of the within and foregoing “Amendment to Chapter 13 Schedules F, Summary of Schedules and Statistical Summary” by placing the same in the United States Mail with adequate postage affixed to ensure delivery and addressed to:

Johnnie Erwin Clemons
740 Kenridge Pkwy
Decatur, GA 30032-5000

I further certify that, by agreement of the parties, Melissa J. Davey, Standing Chapter 13 Trustee, was served via the ECF electronic mail/noticing system.

This further certifies that, pursuant to BLR Rule 9007-2 (d) NDGA, in the same manner as stated above, I served the following parties with the notice of filing, all notices and pleadings previously sent to all creditors whether such notices were served by the debtor, the Bankruptcy Clerk, or any other party in interest.

American First Finance
Attn: Bankruptcy
Po Box 565848
Dallas TX 75356-0000

LabCorp
P.O. Box 2240
Burlington NC 27216-2240

Covington Credit
2166 Salem Rd SE
#B
Conyers GA 30013-0000

DATED: 2/6/2023

/s/
Jessica Douglas GA Bar No. 340570
Attorneys for Debtor

Clark & Washington, LLC
3300 Northeast Expressway
Building 3
Atlanta, GA 30341
(404)522-2222
Fax (770)220-0685

Fill in this information to identify your case:

Debtor 1	Johnie Erwin Clemons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION	
Case number (if known)	22-57892-pmb		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
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2.1 **Georgia Department of Revenue**
Priority Creditor's Name
Compliance Division
ARCS Bankruptcy
1800 Century BLVD NE Suite 9100
Atlanta, GA 30345-3202

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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2.2	Internal Revenue Service Priority Creditor's Name 401 W. Peachtree St., NW Stop #334-D Room 400 Atlanta, GA 30308	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		Notice Only			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	American First Finance Nonpriority Creditor's Name Attn: Bankruptcy Po Box 565848 Dallas, TX 75356	\$2,070.00
	Number Street City State Zip Code	
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Loan	

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.2

Capital Accounts

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 140065****Nashville, TN 37214**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2925\$184.00**Opened 04/22 Last Active**07/21

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collection Attorney Leroy Loving Dds

4.3

CEP America LLC

Nonpriority Creditor's Name

PO BOX 582663**Modesto, CA 95358**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

1186\$380.00When was the debt incurred? 11/08/2021

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

4.4

Covington Credit

Nonpriority Creditor's Name

2166 Salem Rd SE**#B****Conyers, GA 30013**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$1,200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Loan

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.5	Emory Health Care Nonpriority Creditor's Name P.O. Box 403021 Atlanta, GA 30384	Last 4 digits of account number 1266	\$4,000.00
	Number Street City State Zip Code	When was the debt incurred? 12/06/2021	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical Services	
4.6	Fingerhut Nonpriority Creditor's Name Attn: Bankruptcy 6250 Ridgewood Road Saint Cloud, MN 56303	Last 4 digits of account number 7068	\$74.00
	Number Street City State Zip Code	When was the debt incurred? Opened 01/15 Last Active 10/15	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Line of Credit	
4.7	Genesis Credit/Celtic Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076	Last 4 digits of account number 2149	\$1,103.00
	Number Street City State Zip Code	When was the debt incurred? Opened 05/21 Last Active 01/22	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.8

Grady Health System

Nonpriority Creditor's Name

**P.O. Box 934958
Atlanta, GA 31193-4958**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0525**\$2,500.00**

When was the debt incurred?

05/25/2021

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services**

4.9

Grange Insurance Company

Nonpriority Creditor's Name

**P.O.Box 740604
Cincinnati, OH 45274**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4363**\$376.00**

When was the debt incurred?

08/23/2022

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Insurance**

4.1
0**IC Systems, Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 64378
St. Paul, MN 55164**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

8413**\$713.00**

When was the debt incurred?

Opened 11/21

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Sprint**

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.1
1**Indigo Credit**

Nonpriority Creditor's Name

**aka Genesis FS Card Services
PO Box 4488
Beaverton, OR 97076**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

2149**\$582.00**

When was the debt incurred?

08/28/2022**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.1
2**LabCorp**

Nonpriority Creditor's Name

**P.O. Box 2240
Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

\$755.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services**

4.1
3**LifeBridge Healthcare Braverly**

Nonpriority Creditor's Name

**PO BOX 69380
Baltimore, MD 21264**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Last 4 digits of account number

2552**\$363.00**

When was the debt incurred?

11/29/2021**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Services**

Debtor 1 Johnie Erwin Clemons

Case number (if known)

22-57892-pmb

4.1
4**Northwest Hospital**

Nonpriority Creditor's Name

**PO Box 65046
Baltimore, MD 21264**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7991**\$753.00**

When was the debt incurred?

12/13/2021

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Services**4.1
5**Oral Maxillofacial Surgery**

Nonpriority Creditor's Name

**Dr. Leroy Loving Jr
2352 Candler Rd
Decatur, GA 30032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

4189**\$849.00**

When was the debt incurred?

12/30/2021

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Services**4.1
6**Resurgent Capital Services**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

4010**\$628.00**

When was the debt incurred?

Opened 10/20 Last Active 03/20

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Factoring Company Account Credit One Bank N.A.**

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.1
7**Syncb/car Care Pep B**

Nonpriority Creditor's Name

**Attn: Bankruptcy
P.O. Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **Charge Account**
 Yes

Last 4 digits of account number

7544**\$619.00****Opened 10/21 Last Active
5/30/22**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Charge Account**

4.1
8**Wakefield & Associates**

Nonpriority Creditor's Name

**Attn: Bankruptcy
7005 Middlebrook Pike
Knoxville, TN 37909**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **Collection Attorney Cep America Llc**
 Yes

Last 4 digits of account number

6454**\$130.00****Opened 11/21 Last Active
06/21**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Cep America Llc**

4.1
9**World Finance**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 6429
Greenville, SC 29606**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify **Loan**
 Yes

Last 4 digits of account number

9701**\$800.00****Opened 05/18 Last Active
06/18**

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Loan**

Debtor 1 Johnie Erwin Clemons

Case number (if known)

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4.2 0	World Finance Co Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6429 Greenville, SC 29606	Last 4 digits of account number 2401	\$1,229.00
	Number Street City State Zip Code	When was the debt incurred? Opened 12/21 Last Active 7/01/22	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Loan		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim		
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$ 586.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00	
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 586.00	
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,308.00	
		6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 19,308.00

Fill in this information to identify your case:

Debtor 1	Johnnie Erwin Clemons		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION	
Case number (if known)	22-57892-pmb		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ <u>0.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>0.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>17,000.00</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>17,000.00</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ <u>19,495.00</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>19,495.00</u>
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ <u>586.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>586.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ <u>19,308.00</u>
		Your total liabilities \$ <u>39,389.00</u>

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ <u>2,627.00</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>2,627.00</u>
5.	Schedule J: Your Expenses (Official Form 106J)	\$ <u>2,127.00</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>2,127.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 Johnie Erwin Clemons
the court with your other schedules.Case number (if known) 22-57892-pmb

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>3,303.00</u>
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9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>586.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>586.00</u>

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

IN RE:	* CASE NO.: 22-57892-pmb
Johnnie Erwin Clemons,	*
AKA Johnie E Clemons; AKA Johnie	*
Clemons,	*
	* CHAPTER: 13
	*
	*
Debtor	*

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, Johnnie Erwin Clemons, hereby certify under penalty of perjury that the attached pleading is true and correct to the best of my information and belief.

Dated: 2/1/2023

Signed: /s/ _____
Johnnie Erwin Clemons

SUPPLEMENTARY MATRIX

American First Finance
Attn: Bankruptcy
Po Box 565848
Dallas TX 75356-0000

Covington Credit
2166 Salem Rd SE
#B
Conyers GA 30013-0000

LabCorp
P.O. Box 2240
Burlington NC 27216-2240